OMB Control No. 0660-0038

Expiration Date: 8/31/2016

U.S.	Department of Commerce		2. Award or Grant Number: 44-10-S13044				
Performance Progress Report				4. EIN: 05-6000522			
1. Recipient Name: State of Rhode Island Emergency Management Agency				6. Report Date (MM/DD/YYYY): 1/30/2015			
3. Street Address: 645 New London Ave.			7. Reporting Period End Date: 12/31/2014				
5. City, State, Zip Code: Cranston, RI 02920				8. Final Report □ Yes x No	9. Report Frequency x Quarterly		
10a. Project/Grant Period10b. EndStart Date: 09/01/2013							
11. List the individual projects in your appro	oved Project Plan						
Project Type (Capacity Building, SCIP Update, Outreach, Training etc.)	Project Deliverable Quantity (Number & Indicator Description)	Total Federal Funding Amount	1	Funding Amount expended this reporting period	Percent of Total Federal Funding Amount expended		
1 Stakeholder Meetings (ppl reached this quarter)	78						
2 Training Sessions (held this quarter)	21						
3 Broadband Conferences or Meetings							
4 Staff Hires (FTE)					에는 이상 가장에 있는 것이 있는 것이 있는 것이 있는 것이 있다. 같은 것이 같은 것이 있는 것이 같은 것이 같은 것이 있는 것이 같이		
5 Contract Executions					는 방법에 가지 않는 것이다. 한 것이나 가격했다. 같은 것은 것이 같은 것은 것이 같은 것이 같은 것을 했다.		
6 Statutory or Regulatory Changes							
7 Governance Meetings (held this quarter)	1						
8 Outreach and Education (materials / web site issued)	1						
11a. Describe your progress meeting each major activity/milestone approved in the Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional project milestones or information. Stakeholder meetings: 3 ICC committee meetings held (Oct, Nov, Dec) reaching 78 people Training sessions: 1 COM-T class held for 12 people, 1 COM-L class held for 9 people Governance meetings: 1 meeting held to develop a draft Field Operations Guide Outreach/education: provided technical assistance to City of Woonsocket for dispatch upgrade to broadband 11b. If the project team anticipates requesting any changes to the approved Baseline Report in the next quarter, describe those below. Note that any substantive changes to the Baseline Report must be approved by the Department of Commerce before implementation.							

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.

11d. Describe any success stories or best practices you have identified. Please be as specific as possible.

12. Personnel

12a. If the project is not fully staffed, describe how any lack of staffing may impact the project's time line and when the project will be fully staffed.

12b. Staffing Table

Job Title	FTE %	Project(s) Assigned	Change
Thomas Guthlein	100	Statewide Interoperability Coordinator (SWIC)	No change

Add Row Remove Row

13. Subcontracts (Vendors and/or Subrecipients)

13a. Subcontracts Table – Include all subcontractors. The totals from this table must equal the "Subcontracts Total" in Question 14f.

Name	Subcontract Purpose	Type (Vendor/Subrec.)	RFP/RFQ Issued	Contract Executed	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated	Project and % Assigned
			(Y/N)	(Y/N)					
City Works	Site Map Data and GIS	Vendor	N	N	Estimate				
	data collection	EA Engineering			3/1/15				
		Science and							
		Technology, Inc.							
IP Gateway	Statewide Assessment	Vendor	N	N	Estimate			A Contraction of the Contraction	
	Database	Dept. of			6/1/15				
		Homeland							
		Security							

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13b. Describe any challenges encountered with vendors and/or subrecipients.

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14. Budget Worksheet

Columns 2, 3 and 4 must match your current project budget for the entire award, which is the SF-424A on file. Only list matching funds that the Department of Commerce has already approved.

Project Budget Element (1)	Federal Funds	Approved Matching	Total Budget	Federal Funds	Approved Matching Funds	Total Funds Expended (7)
	Awarded (2)	Funds (3)	(4)	Expended (5)	Expended (6)	
a. Personnel Salaries	\$242,008	0.00	\$242,008	\$48,852.11	0.00	\$48,852.11
b. Personnel Fringe Benefits	\$145,819	0.00	\$145,819	\$32,568.08	0.00	\$32,568.08
c. Travel	\$40,500	0.00	\$40,500	0.00	0.00	0.00
d. Equipment	0.00	0.00	0.00	0.00	0.00	0.00
e. Materials/Supplies	0.00	0.00	0.00	0.00	0.00	0.00
f. Subcontracts Total	\$301,983	0.00	\$301,983	0.00	0.00	0.00
g. Other	0.00	\$188,966	\$188,966	0.00	0.00	0.00
h. Indirect Costs	\$13,147	0.00	\$13,147	0.00	0.00	0.00
i. Total Costs	\$755,863	\$188,966	\$944,829	\$81,420.19	0.00	\$81,420.19
j. % of Total	80%	20%	100%	100%	0%	100%

16a. Typed or printed name and title of Authorized Certifying Official	16c. Telephone (area code, number, and extension): (401)946-9996
Peter T. Gaynor, Director	
	16d. Email Address: peter.gaynor@ema.ri.gov
16b. Signature of Authorized Certifying Official	16e. Date Report Submitted (month, day, year): 1/30/2015

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 hours per response for the application process, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Michael Dame, Director, State and Local Implementation Grant Program, Office of Public Safety Communications, National Telecommunications and Information Administration, U.S. Department of Commerce (DOC), 1401 Constitution Avenue, N.W., HCHB, Room 7324, Washington, D.C. 20230.

INTERNAL REVIEW ONLY

REVISED 8/6/2014 State of Rhode Island Revised Budget 44-10-S13044 Proposed Current Difference Increases Decreases **Budget Categories** Budget Budget 46,094.00 \$ 242,008.00 \$ \$ 195,914.00 (195,914.00) Personnel Fringe \$ 12,906.00 \$ 145,819.00 \$ (132,913.00) 132,913.00 \$ Travel 40,500.00 \$ 40,500.00 \$ ------Equipment \$ ----Supplies \$ 9,200.00 \$ 12,406.00 \$ 3,206.00 (3,206.00) \$ 743,079.00 \$ 301,983.00 Contractual \$ 441,096.00 441,096.00 \$ Other 91,050.00 \$ 188,966.00 \$ 97,916.00 (97,916.00) \$ 942,829.00 \$ 931,682.00 \$ Total Direct Costs 11,147.00 Total Indirect costs 2,000.00 \$ \$ 13,147.00 \$ 11,147.00 (11, 147.00)944,829.00 \$ 944,829.00 \$ Total Costs \$ 22,294.00 (441,096.00) 441,096.00 % Change 47% If the % change is greater than 10% an amendment is required Created by E. Simmons